

**Steps for Obtaining Class C Taxi Certificate**  
**Page 1**

---

**Step 1: Completion of Application for Certificate of Public Convenience and Necessity for Operation of a Motor Vehicle Carrier**

- A. Complete all sections of the application **(Form C-AC)**
- B. Provide all signatures as required
- C. Application must be notarized in appropriate areas
- D. If Applicant is incorporated, please attach Articles of Incorporation
- E. Complete the enclosed Transportation Cover Sheet **(FORM 1)** and submit it with the application. Call the **Public Service Commission at 803-896-5100** for help with completing the Transportation Cover Sheet.
- F. Mail completed application and Transportation Cover Sheet to:  
**Public Service Commission  
Docketing Department  
Post Office Drawer 11649  
Columbia, SC 29211**
- G. Contact the S.C. Office of Regulatory Staff Transportation Department at 803-737-0800 with any questions regarding the Certification Process.
- H. Read the excerpts **(FORM 2)** of the new rules and regulations pertaining to Class C Taxi applicants that is included in this application packet.

**Step 2: Applicant is assigned a Docket Number**

Applicant will receive a letter from the Public Service Commission confirming receipt of the application and assigning a Public Service Commission Docket Number. This Docket Number may be used to track the Application status on the Public Service Commission's website: [www.psc.sc.gov](http://www.psc.sc.gov)

**Step 3: Public Service Commission Action**

- A. Public Service Commission may discuss and approve/deny Application during a regularly scheduled Public Service Commission meeting.
- B. Applicant will receive an Order approving/denying the application from the Public Service Commission.
- C. If approved, the Applicant has 60 days from date of the Order to comply with the rules and regulations of the Public Service Commission.

**Step 4: Compliance with Public Service Commission Rules and Regulations**

**A. Application for License Decal**

The Application for License Decal **(FORM 3)** is included in this certificate application packet. In addition, you can access the form at the S.C. Office of Regulatory Staff's homepage on the internet. Go to <http://www.regulatorystaff.sc.gov> and click on the link that says "Forms" on the left hand side of ORS's home page. Once you get to the Forms page, you need to scroll half way down the page to the section that says "Transportation/Railroad Safety". This section contains all the forms for the Transportation Department and each form is numbered on the left hand side. In your case, you are interested in downloading Form Number 14, "License Decal Application Form." Please complete the form and mail it to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201

This form allows you to obtain a decal sticker that goes on your vehicle(s) windshield once the Public Service Commission approves your application for a certificate. Payment can be made in the form of company/personal checks, money orders, certified/cashier's checks, or cash. All checks must be

**Steps for Obtaining Class C Taxi Certificate**  
**Page 2**

---

made payable to: S.C. Office of Regulatory Staff. If you have more than one vehicle to register, please make the appropriate number of copies of the decal application form. A separate form must be submitted for each vehicle; however, you can combine all the vehicle fees and send one check, money order, etc.

**B. Proof of Insurance**

Contact your insurance agent and request the insurance carrier complete and file the **Form E** (Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance). Insurance carrier must then file the Form E with ORS by:

a. Faxing Form E to ORS at (803) 737-0815, or;

b. Mailing hardcopy of Form E to:  
S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201

**C. Vehicle Inspection**

1. Taxi vehicles must be inspected by the Office of Regulatory ("ORS") Staff prior to operation. **(Refer to FORM 4 to see the Vehicle Inspection Checklist)**
2. Educative audit must be conducted by Office of Regulatory ("ORS") Staff prior to operation.
3. An ORS inspector will contact the Applicant to schedule an appointment to complete the educative audit and the Class C vehicle inspection checklist included in the Application.
4. A follow-up audit and/or vehicle inspection may be conducted if necessary prior to operation.

**Step 5: Issuance of Certificate**

- A. Applicant will receive a Certificate of Public Convenience and Necessity upon completion of Step 4.
- B. Operation without the Certificate of Public Convenience and Necessity is prohibited.

**LIST OF FORMS INCLUDED IN THIS PACKET:**

- |    |                         |  |
|----|-------------------------|--|
| 1. | <b><u>FORM C-AC</u></b> | <b>Application for Taxi Certificate of Public Convenience and Necessity for Operation of Motor Vehicle Carrier (5 pages) – Goes to the Public Service Commission</b>   |
| 2. | <b><u>FORM 1</u></b>    | <b>Transportation Cover Sheet – (1 page) – Goes to the Public Service Commission</b>   |
| 3. | <b><u>FORM 2</u></b>    | <b>Excerpts from the Revised Public Service Commission Rules and Regulations pertaining to Class C Taxi applicants and certificate holders (3 pages) – The applicant keeps these and reviews them carefully</b>  |
| 4. | <b><u>FORM 3</u></b>    | <b>Application for License Decal (2 pages) - Goes to the Office of Regulatory Staff</b>  |
| 5. | <b><u>FORM 4</u></b>    | <b>Office of Regulatory Staff Class C Vehicle Inspection Checklist (1 page) – The applicant keeps this form so he/she knows what the ORS Inspector uses when the vehicle(s) is inspected</b>   |
| 6. | <b><u>FORM 5</u></b>    | <b>Taxicab Manifest – 2 pages (referred to in the Excerpts <u>(FORM 2)</u> from the Revised Public Service Commission Rules and Regulations. This is a new requirement for Class C Taxi Certificate applicants and carriers who already have a certificate. This form is kept by the applicant as an example of an acceptable manifest.)</b> |

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET****DOCKET**

**NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** \_\_\_\_\_**Telephone:** \_\_\_\_\_**Address:** \_\_\_\_\_**Fax:** \_\_\_\_\_**Other:** \_\_\_\_\_**Email:** \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

<b>NATURE OF ACTION (Check all that apply)</b>
--

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi<br><input type="checkbox"/> Application – Class C Charter<br><input type="checkbox"/> Application – Class C Charter Bus<br><input type="checkbox"/> Application – Class C Non-Emergency<br><input type="checkbox"/> Application – Class E Household Goods<br><input type="checkbox"/> Application – Class E Hazardous Waste<br><input type="checkbox"/> Application<br><input type="checkbox"/> Request for Extension to Comply with Order<br><input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded<br><input type="checkbox"/> Request for Cancellation of Certificate<br><input type="checkbox"/> Request for Suspension<br><input type="checkbox"/> Request for Reinstatement<br><input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Request to Amend Scope of Authority<br><input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)<br><input type="checkbox"/> Request to Amend Passenger Limit<br><input type="checkbox"/> Request<br><input type="checkbox"/> Exhibit<br><input type="checkbox"/> Late-Filed Exhibit<br><input type="checkbox"/> Letter<br><input type="checkbox"/> Proposed Order<br><input type="checkbox"/> Publisher's Affidavit<br><input type="checkbox"/> Reservation Letter<br><input type="checkbox"/> Response<br><input type="checkbox"/> Return to Petition<br><input type="checkbox"/> Other: _____ |
|---|--|

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXI

DATE \_\_\_\_\_, 20\_\_\_\_

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

---

2. (a) Street Address of Applicant \_\_\_\_\_

---

(b) Mailing address, if different from street address \_\_\_\_\_

---

(c) Telephone Number \_\_\_\_\_ Fed. ID # \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

---

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

**Balance at Time Application is Filed:**

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

<b>Assets:</b>	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
<b>Capital Stock</b>	
<b>Retained Earnings</b>	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, ]  
 ]  
 COUNTY OF \_\_\_\_\_ ]

I, \_\_\_\_\_,  
 (Name of Applicant's Representative) (Title)  
 of \_\_\_\_\_, the Applicant for the Certificate of Public (Applicant)  
 Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above  
 Application are true and correct.

**SWORN TO BEFORE ME**

At \_\_\_\_\_ ]  
 ]  
 This the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ ]  
 ]

\_\_\_\_\_  
 (Notary Public)  
 Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Applicant's Representative)

**EXHIBIT C**

**CLASS C** - **TAXI**\_\_\_\_\_

**CHARTER**\_\_\_\_\_

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

Applicant \_\_\_\_\_

For the transportation of passengers as follows:

Area to be served: \_\_\_\_\_

\_\_\_\_\_

Number of passengers: \_\_\_\_\_

Fares : \_\_\_\_\_

\_\_\_\_\_

=====

Date \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_

Title

Rev.10/03

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier.

(Applicant)

Date: \_\_\_\_\_

(Applicant's Representative)

(Title)

## **INSURANCE QUOTE**

The following insurance quote is for:

---

(Name of Motor Carrier)

---

(Address of Motor Carrier)

### **Amount of Premium:**

Liability Insurance \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

### **Minimum Limits - Intrastate Only:**

<b>1 - 7 passengers</b>	<b>-</b>	<b>25,000/50,000/25,000</b>
<b>8 - 15 passengers</b>	<b>-</b>	<b>25,000/100,000/25,000</b>

---

(Insurance Company Name)

---

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

---

Date

---

(Authorized Insurance Company Representative)

Rev 5/07



**Excerpts from the Revised Public Service Commission Rules and Regulations**

**103-133. Proof Required to Justify Approving an Application.**

**7. PC&N (Class C-Taxi and Class C-Charter Carriers)**

In addition to meeting the requirements set out in 103-133(4) above, applicants for a Certificate of PC&N for Class C Taxi and Class C Charter authority, as well as all vehicle drivers operating under such authority, must meet the following requirements and provide the following information to the ORS upon request:

**A. Owner and Driver Qualifications/Requirements**

1. All drivers must be a minimum of 18 years of age.
2. Driving Record – A certified copy of the driver's three (3) year driving record issued by the South Carolina Department of Motor Vehicles and such record from the DMV of the state in which the driver is or has been domiciled for such period.
3. State Criminal Background Check – A criminal history background check from the state where the driver currently lives.
4. Drivers License – All drivers operating a vehicle under a Class C Taxi or Class C Charter certificate must have in their possession at the time of such operation a valid driver's license issued by the South Carolina Department of Motor Vehicles or the current state of residence of the driver.
5. Sex Offender Registry – All Class C Taxi Certificate and Class C-Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as a sex offender with the South Carolina State Law Enforcement Division (SLED) or any national registry of sex offenders. All certificate holders who are registered, or required to be registered, as a sex offender with SLED or any national registry of sex offenders are prohibited from driving a taxi cab or limousine. Any driver who is placed on a Sex Offender Registry shall notify the ORS and the certificate holder under which he operates of his status and shall immediately cease to operate his taxi cab or limo.
6. Engaging in Business – An applicant for a Class C Taxi Certificate shall designate on his/her application those counties it can reasonably supply the service requested. Any applicant who has not provided the service requested in its application within 90 days of approval to begin operation of that certificate, without good cause shown or who has not filed with the commission an amended application, shall have its authority revoked.

**B. Owner and Driver Conduct/Vehicle Qualifications**

1. Owners and drivers shall inspect the vehicle that the driver is operating daily to ensure that it can be operated safely.
2. Owners and drivers shall ensure that the interior of the vehicle is kept in a clean and sanitary condition.

3. Owners and drivers shall ensure that the general mechanical condition of his/her vehicle is in good operating condition and mechanical repair.
4. Owners and drivers shall ensure that the vehicle exterior meets the requirements set forth in Regulation 103-153.
5. Owners and drivers shall ensure that jack, spare tire, and other equipment in the trunk or other storage area of the vehicle is secured, and covered with appropriate material to avoid damage to a passenger's luggage or other possessions.
6. Duty to Transport Orderly Passengers – Each driver shall transport all orderly passengers willing and able to pay the required fare, requesting his or her services to the passenger's requested destination.
7. Passenger Discharge – Drivers shall not dismiss, discharge, or otherwise require any passenger to leave the vehicle other than at the passenger's requested destination without reasonable cause. For this purpose, "cause" means, but is not limited to, the vehicle becoming disabled, the passenger becoming disorderly by refusing to pay the authorized fare, or dangerous driving conditions. A driver who requires a passenger to leave the vehicle other than at the passenger's requested destination shall do so only at a well-lit public place, or (if the vehicle has become disabled) to another vehicle, and shall immediately notify his or her affiliated company of all the details of the incident.
8. Receipt – Each driver shall, upon request of the passenger making payment, and upon receipt of full payment for the authorized fare, give a receipt to the passenger making the payment.
9. Lost and Found – Any property left by a passenger in a vehicle shall be reported by the driver to his or her affiliated company within 30 minutes after its discovery, and thereafter returned to the passenger or the affiliated company as soon as possible, but in any event within 12 hours after its discovery, at the passenger's expense.
10. Identification Badges – While in operation, each driver shall have attached to the interior of the vehicle, in such a way as to be visible by passengers in the rear seat of the taxi, some form of picture identification. Such identification should display as a minimum the driver's name, picture, and the name of the holder of authority under a Certificate of PC&N under which the driver is operating. This paragraph is inapplicable to Class C-Charter Carriers.
11. Driving Record – Each driver shall, not less frequently than annually, provide an updated copy of his or her motor vehicle driving record to the company he or she is affiliated with or leasing.
12. Manifests. **(FORM 4)**
  - A. The driver of a taxi cab shall keep a daily manifest. The manifest shall contain the following information, which shall be recorded at the time specified:
    1. The hour and date at which the vehicle becomes available for use as a taxi cab, the name of the driver and the make, registration number of such vehicle shall be recorded before the driver proceeds to pick up his first passenger or package delivery.

2. The time and place of commencement and the number of passengers or packages shall be recorded when such passengers or packages are picked up.
3. The name and place of delivery of the passengers or packages and the amount of the fare charged shall be recorded immediately after each trip is terminated.
4. The time and place shall be recorded immediately after the driver ceases to operate the taxi cab for hire for the day.

**103-150. Beginning Operations Under a Certificate.**

4. Vehicle Appearance, Serviceability, and Operation – No person shall operate a taxi cab or limousine unless such taxi cab or limousine meets the following requirements and all owners shall maintain a taxi cab or limousine in accordance with the following requirements:
  - a. All taxi cab and limousine windows must be free of cracks and all in working order for the passenger to raise or lower as they wish.
  - b. All taxi cab and limousine drivers shall keep their vehicles free from disfiguring damage to the interior of the vehicle, including significant rust, seat tears or holes and falling or torn headliners.
  - c. All taxi cab and limousine doors, lights, and safety equipment shall be maintained in good operating condition. All seatbelts shall be visible and available for use by passengers in both the front and rear seats for each and every fare.
  - d. All taxi cabs and limousines shall be equipped with doors which fasten in a manner so that they may be readily opened from the inside by a passenger.
  - e. All taxi cab and limousine owners and drivers shall keep the interior and exterior of his or her taxi cab or limousine in a clean and sanitary condition at all times.
  - f. All taxi cab and limousine owners and drivers shall ensure that all vehicle systems are in safe working order prior to the commencement of work each day.
  - g. No taxi cab or limousine driver or owner shall fasten or lock the doors of a taxi cab or limousine so that it is impossible for a passenger to open them from the inside.
  - h. Each taxi cab or limousine owner or driver shall search the interior of the taxi cab or limousine at least once each day for articles left in the cab. The driver shall immediately take such property to the principal office of the certificate holder for safekeeping and proper disposition.
  - i. No taxi cab driver shall operate a taxi cab for more than twelve hours in any twenty-four hour period.

FORM 3

**STATE OF SOUTH CAROLINA  
OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT**

**\* IMPORTANT CHANGES TO DECAL APPLICATION PROCESS\***

The Law requires that you secure licenses on or before July 1, 2008. Enforcement for the period July 1, 2008 through December 31, 2008 will begin July 1, 2008.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JULY 1, 2008 A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your Last -Half Year 2008 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s) use the empty weight of your vehicle listed on the title or registration card.

Please destroy old decal(s) once you have secured the decal(s) for the new period.

**IMPORTANT CHANGE:** License decals MAY be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff.

All completed applications and applicable fees should be mailed to:

State of South Carolina  
Office of Regulatory Staff  
1401 Main Street Suite 900  
Columbia, S.C. 29201  
803-737-0800

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before June 16, 2008

**STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT**

1401 Main Street Suite 900

Columbia, S.C. 29201

803-737-0800

*Last Half  
Year 2008*

**APPLICATION FOR LICENSE DECAL**

**INSTRUCTIONS:**

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. **BUSINESS AND/OR PERSONAL CHECKS, CASH, MONEY ORDER, CERTIFIED, OR CASHIER'S CHECK MUST BE PAYABLE TO THE OFFICE OF REGULATORY STAFF.**
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, PO Box 11263, Columbia, SC 29211.
5. **NEW REQUIREMENT FOR CLASS C CHARTER MOTOR CARRIERS:** You are **REQUIRED** to complete the Owner of Vehicle Information Applications received without the required information will be returned unprocessed.

**CLASS**

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending December 31, 2008

Certificate Holder: \_\_\_\_\_  
(Exact Name of Certificate Holder)

\_\_\_\_\_  
Mailing Address City, State and Zip Code

\_\_\_\_\_  
Street Address if Different From Mailing Address Telephone No.

Owner of Vehicle \_\_\_\_\_  
Name as Listed on the Title or Registration City, State and Zip Code

**VEHICLE IDENTIFICATION**

Make of Vehicle \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Body Type \_\_\_\_\_

VIN Number \_\_\_\_\_ Empty Weight \_\_\_\_\_  
(Last 6 digits)

Year Model \_\_\_\_\_ FEE \$ \_\_\_\_\_

**\*\*\*\* IMPORTANT \*\*\*\*** A current annual report and required insurance documents must be on file with the Office of Regulatory Staff before any decal(s) will be issued.

**\*\*\*\* FARES OR CHARGES** (List maximum rates only; mandatory to receive decal)

APPLICANT'S SIGNATURE: \_\_\_\_\_

FORM LT-P (REV. 11/04)

*Last Half Year 2008*

0001

0000001

Form 3



State of South Carolina  
Office of Regulatory Staff  
Transportation Department  
1401 Main Street Suite 900  
Columbia, S.C. 29201  
803-737-0800

Single-Piece

FIRST CLASS MAIL  
U S POSTAGE PAID  
COLUMBIA, S.C.  
PERMIT NO. 78

## FORWARDING SERVICE REQUESTED

**THE FEE FOR A CLASS C LICENSE IS BASED ENTIRELY ON THE EMPTY WEIGHT OF THE VEHICLE WHICH IS LISTED ON THE TITLE OR REGISTRATION CARD.**

### SCHEDULE OF FEES

2,000 LBS OR LESS .....\$ 7.50	4,501 - 5,000 .....\$22.50	7,501 - 8,000 .....\$37.50
2,001 - 2,500 .....\$10.00	5,001 - 5,500 .....\$25.00	8,001 - 8,500 .....\$40.00
2,501 - 3,000 .....\$12.50	5,501 - 6,000 .....\$27.50	8,501 - 9,000 .....\$42.50
3,001 - 3,500 .....\$15.00	6,001 - 6,500 .....\$30.00	9,001 - 9,500 .....\$45.00
3,501 - 4,000 .....\$17.50	6,501 - 7,000 .....\$32.50	9,501 - 10,000 .....\$47.50
4,001 - 4,500 .....\$20.00	7,001 - 7,500 .....\$35.00	10,001 - 10,500 .....\$50.00
		10,501 - Over .....\$50.00

**\*\*\*PLEASE NOTE: PAYMENTS FOR LICENSE DECALS CAN BE MADE BY BUSINESS/PERSONAL CHECK, MONEY ORDER, CERTIFIED/CASHIER CHECK OR CASH. ALL CHECKS MUST BE MADE PAYABLE TO THE OFFICE OF REGULATORY STAFF.**



OFFICE OF REGULATORY STAFF  
CLASS C VEHICLE INSPECTION CHECKLIST

(FORM 4)

General Information

Inspection Date:	Inspector:	Inspection Type (circle one):	Initial	Re-inspection
Certificate Name:		DBA:		
Address:	Telephone:	Certificate #:	Class:	
Vehicle Year:		Make:	Model:	
VIN #:		ORS Decal #:		

Driver Information

Driver Name:			
SC Driver License #:	Dob:	Age:	Company Vehicle #:

Vehicle Inspection

Area	Pass	Fail	Other/Comments
Personal Appearance of Driver			
Valid Proof of Insurance			
Valid Registration			
Valid ORS Decal			
Proper Vehicle Marking			
Posted Rates (Class C Taxi)			
Condition of Tires Acceptable			
Heat/Air Condition Function			
Door Lock Function			
Window Function			
Horn Function			
Windshield Wiper Function			
Light Function			
Head Lights			
Brake Lights			
Reverse Lights			
Turn Signals			
Emergency Signals			
Vehicle Glass			
Windshield			
Rear			
Side Windows			
Mirrors			
General Cleanliness			
Vehicle Inside			
Vehicle Outside			
Other			
General mechanical condition			
Spare tire, jack, etc.			
Passenger receipt book			
Driver identification badge			
Manifest book			
Hours of service log			

Inspection Results

This vehicle has	PASSED	FAILED	the ORS Class C vehicle inspection.
Re-inspection Required:	YES	NO	
Citation Number:			
Re-inspection Date:			
(Attach copy of completed re-inspection form)			
Inspector Comments:			

Date: \_\_\_\_\_

**TAXICAB**

Cab #: \_\_\_\_\_

Driver: \_\_\_\_\_

**MANIFEST**

Tag #: \_\_\_\_\_

VIN#: \_\_\_\_\_

Start Time: \_\_\_\_\_

Odometer Start: \_\_\_\_\_

End Time: \_\_\_\_\_

End: \_\_\_\_\_

Misc. Expenses: \_\_\_\_\_

Gas: \_\_\_\_\_

Oil: \_\_\_\_\_

## CHECK FOR "LOST" ARTICLES AFTER EACH TRIP

NUMBER OF PASS.	NUMBER OF TRIPS	FROM	TO	TIME (AM/PM)		FARE	
				P.U.	DROP	METER	EXTRA
	1			:	:	\$ .	\$ .
	2			:	:	.	.
	3			:	:	.	.
	4			:	:	.	.
	5			:	:	.	.
	6			:	:	.	.
	7			:	:	.	.
	8			:	:	.	.
	9			:	:	.	.
	10			:	:	.	.
	11			:	:	.	.
	12			:	:	.	.
	13			:	:	.	.
	14			:	:	.	.
	15			:	:	.	.
	16			:	:	.	.
TOTAL:						.	.

I certify that I have driven Cab No.: \_\_\_\_\_ on above date for a total of \_\_\_\_\_ hours.

DRIVER'S SIGNATURE \_\_\_\_\_

## CHECK FOR "LOST" ARTICLES AFTER EACH TRIP

NUMBER OF PASS.	NUMBER OF TRIPS	FROM	TO	TIME (AM/PM)		FARE	
				P.U.	DROP	METER	EXTRA
	17			:	:	\$ .	\$ .
	18			:	:	.	.
	19			:	:	.	.
	20			:	:	.	.
	21			:	:	.	.
	22			:	:	.	.
	23			:	:	.	.
	24			:	:	.	.
	25			:	:	.	.
	26			:	:	.	.
	27			:	:	.	.
	28			:	:	.	.
	29			:	:	.	.
	30			:	:	.	.
	31			:	:	.	.
	32			:	:	.	.
	33			:	:	.	.
	34			:	:	.	.
	35			:	:	.	.
	36			:	:	.	.
	37			:	:	.	.
	38			:	:	.	.
	39			:	:	.	.
THIS PAGE TOTAL:						.	.
FIRST PAGE TOTAL:						.	.
GRAND TOTAL:						.	.

I certify that I have driven Cab No.: \_\_\_\_\_ on above date for a total of \_\_\_\_\_ hours.

DRIVER'S SIGNATURE \_\_\_\_\_